

## FAMILY SELF-SUFFICIENCY (FSS) PROGRAM INTEREST FORM and APPLICATION

for current Mesa *Housing Choice Voucher* (Section 8) participants

**Name:** \_\_\_\_\_ **Phone** \_\_\_\_\_  
Head of Household

**Address:**\_\_\_\_\_ **Apt#**\_\_\_\_\_ **ZIP**\_\_\_\_\_

Have you previously participated in FSS program?      ☐ Yes      ☐ No

*If yes, where/when?* \_\_\_\_\_

I am interested in participating in the FSS Program. Please schedule me for the mandatory **FSS Briefing session**. I understand that failure to attend an FSS Briefing will result in my name being removed from the waiting list for FSS participation.

*Check all that apply:*

- ☐ I work \_\_\_full time \_\_\_part time  
                                   \_\_\_daytime \_\_\_evening
- ☐ I am a student \_\_\_full time \_\_\_part time  
                                   \_\_\_daytime \_\_\_evening
- ☐ I am unemployed at this time

I have completed the attached **Personal Data and Goals form** (which will be required for enrollment.)

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

If you are a person with a disability and require a reasonable accommodation in order to participate in the programs and services at the City of Mesa Housing Authority, please contact the Executive Director at 480-644-3536 (Voice) or 480-644-2778 (TDD). You may be required to provide information to support your reasonable accommodation request.



**DO NOT WRITE BELOW THIS LINE**

**FOR OFFICE USE ONLY:**

## FSS Coordinator Checklist for NEW APPLICANT

- |                                                                                                       | <u>Date</u> |                                                                                                 | <u>Date</u> |
|-------------------------------------------------------------------------------------------------------|-------------|-------------------------------------------------------------------------------------------------|-------------|
| <input type="checkbox"/> Received Application & Goals form                                            | _____       | <input type="checkbox"/> Placed on FSS waiting list                                             | _____       |
| <input type="checkbox"/> Applicant attended FSS Briefing                                              | _____       | <input type="checkbox"/> Notice of FSS Briefing on _____ mailed _____                           |             |
| <input type="checkbox"/> Enrollment/ITSP Appointment on _____                                         | _____       |                                                                                                 |             |
| <input type="checkbox"/> Assessment & Planning with applicant - ITSP Contract of Participation signed | _____       | <div style="border: 1px dotted black; padding: 5px;">           Cert date: _____         </div> |             |

**COMPLETED NEW FILE SET-UP:**

- ☐
- Contract in Elite
- ☐
- ADD to FSS DATA tracking
- ☐
- Email contact
- ☐
- HCV file/Green

## \* FSS PERSONAL DATA AND GOALS \*

NAME \_\_\_\_\_

**Date** \_\_\_\_\_

## GOALS

- 1. Please list your career goals (job, self-employment) that you would like to accomplish.**

---

2. Please list your education or training goals you would like to accomplish in the future or that you are currently attending.

---

3. Please list your personal / family goals (need for parenting skills, counseling, life skills, money management, homeownership, etc).

---

4. Please list any financial goals (debt payment, budgeting skills, credit rating) that you wish to obtain.

---

- 5. Other goals your family would like to pursue.**

---

**Personal Statement:** Describe about your past work experience (mention any special skills), what type of future career you would like to have five years from now, your dreams, and any barriers you face. How can FSS help you?

[illegible]

**CURRENT STATUS:**

Years of school completed (high school completion=12) \_\_\_\_\_ H.S.Diploma \_\_\_\_\_ GED \_\_\_\_\_ Need GED \_\_\_\_\_

**College / school / training program(s) you have COMPLETED or are CURRENTLY ATTENDING.**

<u>School / Training Facility</u>	<u>Degree/Certification</u>	<u>Completion Date</u>	<u>Current Student</u>
_____	_____	_____	_____
_____	_____	_____	_____

**Are you currently receiving case management through any other agency?**

No \_\_\_\_\_ Yes: Name of Agency \_\_\_\_\_

**Are you currently employed? No \_\_\_\_\_ Yes: Full time \_\_\_\_\_ Part time \_\_\_\_\_**

Date employment began: \_\_\_\_\_ Benefits: Health \_\_\_\_\_ Retirement \_\_\_\_\_

**Other household members employed?** \_\_\_\_\_

**Number of children receiving child care services** \_\_\_\_\_

**Do you or any household members receive any of the following?**

TANF \_\_\_\_\_ AHCCCS / Kids Care \_\_\_\_\_ Food Stamps \_\_\_\_\_ Social Security or Disability income \_\_\_\_\_  
Unemployment income \_\_\_\_\_ Child Support \_\_\_\_\_ Earned Income Tax Credit \_\_\_\_\_

**What form of transportation do you use?**

Own car \_\_\_\_\_ Walk \_\_\_\_\_ Bus \_\_\_\_\_ other \_\_\_\_\_

**Do you have a home computer? No \_\_\_\_\_ Yes \_\_\_\_\_ email address:** \_\_\_\_\_

**Do you have internet access at home? No \_\_\_\_\_ Yes \_\_\_\_\_ Only on my phone \_\_\_\_\_**

**Are you able to open email attachments? No \_\_\_\_\_ Yes \_\_\_\_\_**

**What are your other needs?**

- |                                                       |                                                  |                                                       |
|-------------------------------------------------------|--------------------------------------------------|-------------------------------------------------------|
| <input type="checkbox"/> Food assistance              | <input type="checkbox"/> Time management         | <input type="checkbox"/> Self-esteem                  |
| <input type="checkbox"/> Personal / Family counseling | <input type="checkbox"/> Self-employment         | <input type="checkbox"/> Substance abuse counseling   |
| <input type="checkbox"/> Parenting                    | <input type="checkbox"/> Resume writing          | <input type="checkbox"/> Domestic violence counseling |
| <input type="checkbox"/> Child care                   | <input type="checkbox"/> Employment / Job search | <input type="checkbox"/> Mentoring                    |
| <input type="checkbox"/> Transportation               | <input type="checkbox"/> Career planning         | <input type="checkbox"/> Support groups               |
| <input type="checkbox"/> ESL                          | <input type="checkbox"/> Job training            | <input type="checkbox"/> Healthcare                   |
| <input type="checkbox"/> Money management / Credit    | <input type="checkbox"/> GED                     | <input type="checkbox"/> Other: _____                 |
| <input type="checkbox"/> Homeownership preparation    | <input type="checkbox"/> College                 |                                                       |

**MESA HOUSING AUTHORITY FAMILY SELF-SUFFICIENCY INFORMATION RELEASE**

I authorize Mesa Housing Authority to release general information of my participation in the FSS program. This information may be used for various media sources as FSS newsletters, announcements, brochures, support groups, or to help promote the program, or to coordinate supportive services. This includes, but is not limited to, event photos. Declining to sign below will not affect my participation in the FSS program.

**NAME (print)** \_\_\_\_\_

**SIGNATURE:** \_\_\_\_\_

**DATE** \_\_\_\_\_